

FITZPATRICK, CELLA, HARPER & SCINTO

650 Town Center Drive
Suite 1600
Costa Mesa, California 92626-7130
(714)540-8700

Facsimile:(714)540-9823

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TO:	Examiner J. Phan Group Art Unit 2872		
FROM:	Michael K. O'Neill		
RE:	U.S. Application No. 10/725,399 Atty. Docket No. 03500.017747		
FAX NO.:	(703) 872-9306		
DATE:	June 21, 2005	NO. OF PAGES:	12
		(including cover page)	
TIME:	3:36	SENT BY:	<i>[Signature]</i>

MESSAGE

Attached is a Supplemental Amendment in the above application.

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

June 21, 2005

(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622

(Name of Attorney for Applicant)

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Signature

June 21, 2005

Date of Signature

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In re Application of:

Docket No. 03500.017747

HIDEKAZU SHIMOMURA

Application No.: 10/725,399

Examiner: J. Phan

Filed: December 3, 2003

Group Art Unit: 2872

For: OPTICAL SCANNING APPARATUS AND
IMAGI FORMING APPARATUS USING
THE SAME

Date: June 21, 2005

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 29	MINUS	** 30	= 0	x \$25 \$50	- 0 -
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$100 \$200	- 0 -
Fee for Multiple Dependent claims \$180*/\$360						Prev. Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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(Name of Attorney for Applicant)

Signature

June 21, 2005
Date of Signature

☐

Verified Statement claiming small entity status is enclosed, if not filed previously.

☐

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☒

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

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A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

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A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒

Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

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03500.017747

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
HIDEKAZU SHIMOMURA) Examiner: J. Phan
Application No.: 10/725,399) Group Art Unit: 2872
Filed: December 3, 2003)
For: OPTICAL SCANNING)
APPARATUS AND IMAGE)
FORMING APPARATUS)
USING THE SAME) June 21, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Supplementing the Amendment dated June 14, 2005, please further amend
the above-identified application, as follows:

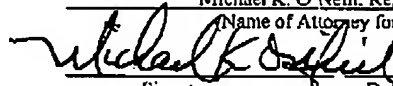
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Michael K. O'Neill, Reg. No. 32,622

(Name of Attorney for Applicant)

 June 21, 2005

Signature

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